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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MIKE BOST FOR CONGRESS COMMITTEE PO BOX 1212 ADDRESS (number and street) (Check if address is changed) MURPHYSBORO 62966 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MIKEBOST@PDSCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address DEBPITTMAN@MEDIACOMBB.NET COMMITTEE'S WEB PAGE ADDRESS (URL) HTTP://BOSTFORCONGRESS.COM (Check if address is changed) DATE 2020 C00546499 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. PITTMAN, DEBORAH, K,, Type or Print Name of Treasurer PITTMAN, DEBORAH, K,, [Electronically Filed] 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009) Page	2
		COMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name	of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the calinformation below.) BOST, MICHAEL, , ,	ndidate
Candi	date		
Candi Party	date Affiliati	tion REP Office State Senate President District	1L 12
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	mmittee: (National, State (Democratic,	
(d)		This committee is a committee of the committee of the Republican,	
Polit	ical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a
		Corporation Corporation w/o Capital Stock Labor Org	anization
		Membership Organization Trade Association Cooperative	re
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee)	nd or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds for two or more processes of a federal candidate.	olitical
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.	olitical
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

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١/	FEC Form 1 (Revised Vrite or Type Committee Name		Page 3
		OR CONGRESS COMMITTEE	
			Astino and and and in DAG Consum
о.	-	Organization, Affiliated Committee, Joint Fundraising Represen	tative, or Leadership PAC Sponsor
Р	rotect the House		
	Mailing Address	PO Box 30844	
	Maining Address		
		Bethesda Mi	D 20824
		CITY ST	ATE ZIP CODE
	_		
	Relationship: Connecte	d Organization Affiliated Committee X Joint Fundraising Repr	esentative Leadership PAC Sponsor
	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of	the person in possession of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY STAT	TE ZIP CODE
		Telephone number	
i.	any designated agent (e.g.,	d address (phone number optional) of the treasurer of the com- assistant treasurer).	mittee; and the name and address of
	Full Name PITTMAN	DEBORAH, K, ,	
	of Treasurer		
	Mailing Address	6 PITTMAN LANE	
		MUPRHYSBORO	
	Title or Position	CITY STAT	E ZIP CODE
	TREASURER	Telephone number	618 967 7861

	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Morgan, Donald, R., ,	
Mailing Address	217 Robert Morgan Road	
	Murphysboro IL 62966 CITY STATE Z	ZIP CODE
Title or Position Assistant Treasu	urer6186	87 3762
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. MURPHY-WALL STATE BANK AND TRUST	accounts, rents
Mailing Address	105 NORTH WILLIAMS ST	
Mailing Address	PO BOX 129	
Mailing Address	PO BOX 129	
Mailing Address	PO BOX 129 MURPHYSBORO IL 62966	ZIP CODE
Mailing Address Name of Bank, E	PO BOX 129 MURPHYSBORO CITY STATE Z	ZIP CODE
Name of Bank, D	PO BOX 129 MURPHYSBORO CITY STATE Z	ZIP CODE
	PO BOX 129 MURPHYSBORO CITY STATE Zepository, etc. The Bank of Carbondale	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	•				
1.			FEC	ID number	C
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3.			FEC	ID number	С
4.			FEC	ID number	С
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	Ste. 101		1 1 1 1 1	1 1 1 1	
	Athens		1	GA	30605
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Mailing Address				
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		CITY A	STATE A Telephone Number	ZIP CODE A
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anks or Other Depositoriafety deposit boxes or main ame of Bank, epository, etc.	ies: List all banks ntains funds. outhern Bank	s or other depositories in which	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:				
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Mailing Address					
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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